

DEC 21 2006

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NAME:	FACSIMILE:	TELEPHONE:
MS Amendment Attn: Patsy Zimmerman, LIE	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE:

December 21, 2006

Number of pages with cover page:	14	Our Reference 480052000900
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2**Comments:**

Application No. 10/554,964

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Preliminary Amendment – 9 pages, d) copy of return receipt for 13 pages filed on 11/29/06

Pursuant to our telephone conversation on December 21, 2006 regarding the Notice of Non-Compliant Amendment dated 12/18/06, attached please find another copy of the Preliminary Amendment as filed on 12/29/06, including 6 pages of claims. I have also attached a copy of the return receipt received from the USPTO confirming 13 pages filed on 11/29/06. A review of PAIRS also indicates the claims were previously received and scanned into the system.

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oc-322177

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PTO/SB/21 (09-04)

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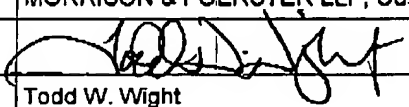
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Art Unit	3738
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	480052000900

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	November 29, 2006	Reg. No.	45,218

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 29, 2006

Signature:



(Barbara Hayashi)

oc-321265

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PTO/SB/17 (01-05)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Examiner Name	Not Yet Assigned
		Art Unit	3738
		Attorney Docket No.	480052000900
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	650.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
36		- 23 = 13	x 50.00 =	650.00	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3		- 5 =	x				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY		Registration No.	45,218	Telephone	(949) 251-7189
Signature		(Attorney/Agent)		Date	November 29, 2006
Name (Print/Type)	Todd W. Wight				

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PTO/SB/H7 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4016).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Examiner Name	Not Yet Assigned
		Art Unit	3738
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	480052000900
TOTAL AMOUNT OF PAYMENT		(\$)	650.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number:	03-1952
Deposit Account Name:	Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0			0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims	
36	- 23 = 13	x 50.00 =	650.00				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 5 =	x					
HP = highest number of independent claims paid for, if greater than 3.							
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	45,218
Name (Print/Type)	Todd W. Wright	Telephone	(949) 251-7189
		Date	November 29, 2006

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Fax Information

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11/29/2006 6:08:55 PM [Eastern Standard Time]

Total Pages:

13 (including cover page)

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11/29/2006 13:00 FAX 949 251 0900		MOFO 12th fl.		001	
MORRISON FOERSTER		10016 CALIFORNIA BLVD. SUITE 200 CALIFORNIA, CA 94134 TELEPHONE: (571) 273-8300 FACSIMILE: (571) 273-8300 WWW.MORRISON-FOERSTER.COM		MORRISON & FOERSTER LLP ATTORNEYS AT LAW 300 N. ZEEB RD., SUITE 200 SUNBELT, VIRGINIA 22186 TELEPHONE: (571) 273-8300 FACSIMILE: (571) 273-8300 WWW.MORRISON-FOERSTER.COM	
To:					
NAME:		FACSIMILE:		TELEPHONE:	
MS Amendment		(571) 273-8300			
FROM: Barbara M. Hayashi		DATE: November 29, 2006			
Number of pages with cover page:		13		Our Reference 480052000900	
Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2					
Comments:					
Application No. 10/554,964					
Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Preliminary Amendment - 9 pages.					

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PAGE 1/13 * RCVD AT 11/29/2006 5:08:55 PM [Eastern Standard Time] * SVR:USPTO-EFAX-1/12 * DNIS:2738300 * CSID:949 251 0900 * DURATION (mm:ss):04:30					

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Docket No.: 480052000900
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jurgen DORN

Application No.: 10/554,964

Filed: October 31, 2005

Art Unit: Not Yet Assigned

For: STENT DELIVERY SYSTEM WITH
RADIALLY STABILIZED CATHETER

Examiner: Not Yet Assigned

FIRST PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.

oc-311827